



Date Requested: _____

Name of Requester: _____

Street Address: _____

City/State/County: (required) _____

Telephone Number: (optional) _____

Do you want copies? (circle one)	yes	no
Do you want to inspect the records? (circle one)	yes	no
Do you want certified copies of records? (circle one)	yes	no

Right to Know Officer: Peter Hackney
345 Lakeside Drive
Levittown, PA 19054
Fax: 215.269.7395
Email: phackney@cslcharter.org

Date received by agency: _____

Agency Five (5) Day Response Due: _____